15051071728

STATEMENT OF

RECEIVE

FORM 1	ORGANIZATION	550	1 22 AM 10: 00
NAME OF COMMITTEE (in	full) (Check if name Example: If tyling over the lines	ping, type 112FE4M5	philips ON 1771
Friends of	Dietzel		•
ADDRESS (number and	P.O. Box 286		1
(Check if ac	·		
is changed)		LA 70	0821
	Liliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	با لتا ليب	
	CITY ▲	STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS		
(Check if a	ddress contact@pauldietzel.com		•
is changed)			
	Optional Second E-Mail Address		
is changed			
2. DATE			
3. FEC IDENTIFIC	ATION NUMBER C		
4. IS THIS STATEM	ENT NEW (N) OR AME	ENDED (A)	
I certify that I have ex	kamined this Statement and to the best of my knowledge	e and belief it is true, correct and	complete.
Type or Print Name o	f Treasurer Brandon Lagarde		
Signature of Treasure		Date 0.5	2,1 / 2,5,3
NOTE: Submission of fi	alse, erroneous, or incomplete information may subject the p ANY CHANGE IN INFORMATION SHOULD BE	* *	penalties of 2 U.S.C. §437g.
Office Use Only	Federal El	er information contact: ection Commission 300-424-9530	FEC FORM 1 (Revised 06/2012)